DESCRIPTION OF JOURNAL

THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY (JCSO; http://www.jcso-online.com) is a bimonthly, peer-reviewed journal that features Original Research and Review articles, Case Reports, and How We Do It essays in clinical oncology and supportive care. The readership is comprised of practice-based medical oncologists and hematologists, supportive care specialists, mid-level providers, and pharmacists for whom the journal has become a vital clinical forum and resource in the supportive and community oncology practice settings. JCSO was formed with the merger in January 2014 of the former Journal of Supportive Oncology and its sister publication, Community Oncology.

Submissions to the Journal are made at http://www.editorialmanager.com/jso/default.asp

ABSTRACTING AND INDEXING

EMBASE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus

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INTRODUCTION
The JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY publishes peer-reviewed articles and commentary on all aspects of clinical and supportive oncology practice and evidence-based practices for treating and caring for patients with cancer.

Please note the following:
- Papers submitted to THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY should follow the style guidelines of the AMA Manual of Style (10th edition), with notable exceptions in the presentation some of the References (see page 10).
- Papers that exceed the stipulated word counts or number of references, tables, or figures will be returned to the author(s) for editing before the paper is sent out for review.
- Papers in which the references do not follow style as per page 10 will also be returned to the author for revision.
- All pages of the manuscript should be numbered consecutively, beginning with the title page.

TYPES OF ARTICLES
Article types include original research reports of clinical studies in practice-based settings, literature reviews, How We Do It reports on best practices, and Letters to the Editors.

Below is a summary of the categories of papers for The JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY.

Papers that exceed the stipulated word counts and or number of references will not be sent out for review. They will be returned to the author for editing and then sent for review.

Original Reports
These are reports on randomized trials, intervention studies, cohort studies, case-control studies, epidemiologic assessments, surveys, cost-effectiveness analyses, and studies of screening and diagnostic tests as they pertain to the diagnosis and treatment of cancer with a focus on real-world patient outcomes, the management of treatment side effects (psychological and physical), patient outcomes and quality of life, palliative care, and the quality and cost effectiveness of care.

Original research reports will:
- Be no more than 4,500 words (including a structured abstract, references, and figure titles and legends).
- Have a structured abstract of no more than 250 words, under the following subheads: Background, Objective, Methods, Results, Limitations, Conclusions, Funding/sponsorship.
- Have a title (headline) of no more than 100 characters, including spaces.
- Have no more than 5 tables and/or figures (AMA chapter 4).
• Include figures (if any) that are submitted as separate, high-resolution files.
• Limit figures, clinical images, and tables to those necessary to highlight key data.
• Be arranged as follows: title page; structured abstract and key words; abbreviations list; text; acknowledgments (if applicable); references; figure titles and legends; and tables.
• Have 45 or fewer references, which will be in AMA style (AMA chapter 3) – with notable exceptions in the presentation some of the references (see page 10).
• Begin page numbering with the title page.
• Either provide sex-specific data (when appropriate) in describing outcomes of epidemiologic analyses or clinical trials, or specifically state that no gender-based differences were present.

Review Papers
The editors will consider invited and uninvited review papers. These manuscripts gather and summarize information from current literature and data sources on clinical topics. They should do the following:
• Focus on novel approaches and cutting-edge therapies, as well as diagnoses, prognoses, disease management, and/or prevention strategies.
• Include critical assessments thereof.
• Explore their potential for changing cancer treatment.

Review articles are often used as guides in the practice setting, and therefore they must be systematic, must include relevant data, and MUST NOT BE INFLUENCED BY THE AUTHORS’ OPINIONS OR BIASES (AMA 1.2). Author recommendations should not be part of the Review.

The search and selection processes for research sources, such as databases, should be described in the manuscript. The research sources should be as current as possible, preferably with the search having been conducted within a few months of submission. Authors should detail in their cover letters how their review differs from existing reviews on the subject.

Review and state-of-the-art manuscripts will:
• Be no more than 5,000 words (including an unstructured abstract, reference list, tables, and figure titles and legends).
• Have an unstructured abstract of 250 or fewer words (AMA 2.5.2-2.5.3).
• Have a title (headline) of no more than 100 characters, including spaces.
• Have no more than 4 tables and/or figures, which should be submitted as separate files.
• Include figures (if any) that are submitted as separate, high-resolution files.
• Limit figures, clinical images, and tables to those necessary to highlight key data.
• Be arranged as follows: title page; structured abstract and key words; abbreviations list; text; acknowledgments (if applicable); references; figure titles and legends; and tables.
• Have 50 or fewer references, which will be in AMA style (AMA chapter 3) – with notable exceptions in the presentation some of the references (see page 10).
• Begin page numbering with the title page.

How We Do It articles
The editors will consider invited and uninvited How We Do It articles. These manuscripts should focus on your organization’s best practices. They should do the following:
• Focus on novel approaches and cutting-edge therapies, as well as diagnoses, prognoses, disease management, and/or prevention strategies.
• Include critical assessments thereof.
• Explore their potential for changing cancer treatment.
How We Do It manuscripts will:
- Be no more than 4,500 words (including an unstructured abstract, reference list, tables, and figure titles and legends).
- Have an unstructured abstract of 250 or fewer words (AMA 2.5.2-2.5.3).
- Have a title (headline) of no more than 100 characters, including spaces.
- Have no more than 4 tables and/or figures, which should be submitted as separate files.
- Include figures (if any) that are submitted as separate, high-resolution files.
- Limit figures, clinical images, and tables to those necessary to highlight key data.
- Be arranged as follows: title page; structured abstract and key words; abbreviations list; text; acknowledgments (if applicable); references; figure titles and legends; and tables.
- Have 30 or fewer references, which will be in AMA style (AMA chapter 3) – with notable exceptions in the presentation some of the references (see page 10).
- Begin page numbering with the title page.

Case Reports
These reports usually describe a step-by-step approach to clinical and/or supportive decision making in the diagnosis and treatment of a patient who has an unusual or complicated presentation or diagnosis. They can be accompanied by a brief review of pertinent, current literature.

A case letter will:
- Be limited to 2,000 words (including references, tables, and figure titles and legends).
- Have an unstructured abstract of 50 or fewer words.
- Have a title (headline) of no more than 75 characters, including spaces.
- Begin with a brief summary before the case details are presented.
- Have no more than 1 table and/or 4 figures.
- Include figures (if any) that are submitted as separate, high-resolution files.
- Have no more than 15 references, which will be in AMA style (AMA chapter 3) – with notable exceptions in the presentation some of the references (see page 10).
- Adequately de-identify all patient information. If identifying information or figures are included, express written permission from the patient(s) must be provided at the time of manuscript submission.
- Begin page numbering with the title page.

Letters to the Editor
Letters to the editor should focus on a specific article that has been published in THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY.

A letter to the editor will:
- Have no more than 3 authors, and will provide the full name, academic degrees, and a single institutional affiliation for each author.
- Provide disclosures, if relevant to the topic of the letter, for each letter author.
- Provide the e-mail address for the corresponding letter author.
- Be no more than 400 words long.
- Have no more than 5 references, 1 of which must be the relevant THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY article, and , which will be in AMA style (AMA chapter 3) – with notable exceptions in the presentation some of the references (see page 10).
- Have a title of 5-7 words.
- Begin page numbering with the title page.
Letters will be sent for response to the authors of the original article. This response may be published or sent directly to the commentator at the discretion of the editor. Letters will be published at the discretion of the editors, and are subject to abridgement and editing for style and content. Questions or comments that could be addressed directly to authors of the original article (including complaints about missed citations) should be sent directly to those authors.

BEFORE YOU BEGIN

Ethics in Publishing
Studies should be in compliance with human studies committees of the authors’ institution(s) and US Food and Drug Administration guidelines.
Studies must be performed with the participants' written informed consent. Authors must provide the details of this procedure and indicate that the institutional committee on human research has approved the study protocol. If radiation is used in a research procedure, the radiation exposure must be specified in the Methods section.

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in your paper. Patients have a right to privacy. Therefore, identifying information – including patients' images, names, initials, or hospital numbers – should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, Guardian or next of kin where applicable). Written consents must be provided to the editorial office on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning, and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Human and animal rights
If the work involves the use of human participants, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform requirements for manuscripts submitted to biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with humans. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the National Research Council (US) Guide for the Care and Use of Laboratory Animals (8th edition, revised 2011), OR the ARRIVE guidelines and in accordance with the UK Animals (Scientific Procedures) Act, 1986 and associated guidelines, OR the EU Directive 2010/63/EU for animal experiments. The authors should clearly indicate in the manuscript that such guidelines have been followed.

Conflict of Interest
THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY requires all authors to acknowledge in the Comments section of Editorial Manager (http://www.editorialmanager.com/jso/default.asp) all funding sources that supported their work, as well as all institutional or corporate affiliations of the authors. The title page must also include a publishable statement disclosing any associations (current and over the past 5 years) that might pose a conflict of interest. These include but are not limited to employment; royalties; consultant arrangements with a commercial entity; stock or other equity ownership; stock options; patent licensing arrangements; payments for conducting or publicizing a product or study; or consulting relationships with investment companies. In addition, authors are required to disclose similar associations.
with companies that make a competing product. When no conflicting or competing interests are present, this should be indicated in the publishable disclosure statement.

If the authors have competing or conflicting interests that cannot be disclosed in publishable statements, authors should list them in the Comments section of Editorial Manager. They should also explain these interests as well as the reason for the need for confidentiality in a statement to the Editor. The Editor asks each reviewer to disclose any competing interests or conflicts of interest that might interfere with objectivity (or to recuse him-or herself from acting as a reviewer). The Editors and members of the editorial staff will ensure that all conflicts are appropriately resolved. Conflicts that cannot be appropriately resolved will result in rejection of the manuscript or review. Undisclosed conflicts may result in sanctions, to include published statements of retraction or removal of a manuscript from the archived journal table of contents.

**Submission Declaration**
Submission of an paper implies that the work described has not been previously published (except in the form of an abstract or as part of a published lecture or academic thesis), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder.

**Authorship**
Each author must have contributed significantly to the submitted work. If there are more than four authors, the contribution of each must be substantiated in the cover letter. If authorship is attributed to a group (either solely or in addition to one or more individual authors), then all members of the group must meet the full criteria and requirements for authorship. To save space, if group members have been listed in THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY, the article should be referenced rather than reprinting the list.

The editors consider authorship to include all of the following:
- Conception and design or analysis and interpretation of data, or both.
- Drafting of the manuscript or revising it critically for important intellectual content.
- Final approval of the manuscript submitted.

Participation solely in the collection of data does not justify authorship but may be appropriately acknowledged in the Acknowledgment section.

Manuscripts must be submitted with a cover letter that includes the following:
- A statement that the paper is not under consideration elsewhere.
- A statement that none of the paper’s content has been previously published.
- A statement that all of the authors have read and approved the manuscript.
- The full disclosure of any relationship with industry. (See http://www.icmje.org/ethical_4conflicts.html and “Role of the Funding Source,” page 7.) Exceptions must be explained.
- Identification of a corresponding author, including all contact information. All editorial communications will be sent to this author. The corresponding author will be the person we contact for submission queries.
- Optional: A short paragraph telling the editors why the authors think their paper merits publication priority may be included in the cover letter. Potential reviewers may be suggested in the cover letter, as well as reviewers to avoid.

**Changes to Authorship**
This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts:
• **After acceptance but before online publication.** Requests to add or remove an author, or to rearrange the author names, must be sent to the Managing Editor from the corresponding author of the accepted manuscript and must include: (a) the reason the name should be added or removed, or the author names rearranged, and (b) written confirmation (e-mail, fax, letter) from all of the authors that they agree with the addition, removal, or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Managing Editor to the corresponding author, who must follow the procedure as described above. Note that publication of the accepted manuscript in an online issue is suspended until authorship has been agreed upon.

• **After acceptance and online publication.** Any requests to add, delete, or rearrange author names in an article published in an online issue will follow the same policies as noted above, and will result in a corrigendum.

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Upon acceptance of a paper, authors will be asked to complete a "Journal Publishing Agreement. Acceptance of the agreement will ensure the widest possible dissemination of information. An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

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**Role of the Funding Source**

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the paper, and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication. If the funding source(s) had no such involvement, then this should be stated.

**PREPARING YOUR MANUSCRIPT**

**Language**

Please write your text in clear, precise English. (American or British usage is accepted, but not a mixture of these.)

**Word-Processing Software**

It is important that the file be saved in the native format of the word processing program used. Microsoft Word documents are preferable.

**Text Formatting: Simplicity, simplicity, simplicity!**

Please format the text as follows:

- Basic format: **Single-column, double spaced, 10-point font size.**
- Right-hand margins: Unjustified (ragged).
- Follow AMA style for boldface type, italics, sub- and superscripts, and the like.
• Tables with grids: Use only 1 grid for each table (not a grid for each row).
• Tables without grids: Use tabs (not spaces) to align columns.

DO NOT use the following in your manuscripts:
• Word-processing style tags.
• Forced section breaks or page breaks.
• Automatic footnotes and/or running heads
• Automatic referencing.
• Hyperlinks. Please no hyperlinks.
• Text justification.
• Automatic hyphenation.

Front Matter
Title Page. Please include the following elements on the title page. Begin numbering the pages of the manuscript with the title page as page 1.

Manuscript title. The title should be no longer than 75 characters, including spacing.

Author bylines. Please note the following:
• For authors’ full names, follow AMA 2.2.1. Also, if the last name is ambiguous (eg, a nonwestern name or a hyphenated double name), indicate the surname clearly. This is important for online tagging.
• For authors’ academic degrees, follow AMA 2.2.3. The policy of this journal is to list the authors’ highest academic and/or professional degrees (more than one are acceptable if they are in different fields), as well as specialized professional certifications, degrees, and licensure, as noted in AMA 2.2.3.
• For multiple authors, ensure that the order of names reflects the order the authors agreed upon before the manuscript submission. See AMA 2.2.4 for samples.
• Use superscript alphabetical letters after each author’s name to refer to corresponding superscripted affiliations.

Author affiliations. Follow AMA 2.3.3, with these 2 exceptions:
• Exception: Precede each affiliation with a superscript letter of the alphabet that corresponds to the affiliated author’s name in the byline. One superscript letter may correspond to more than one author name.
• Exception: Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.

Corresponding author. See AMA 2.10.4 for guidance and samples. The corresponding author must inform the Managing Editor of any changes in contact information.

Abstract. Original research reports and review articles require concise, factual structured or unstructured abstracts. Follow AMA 2.5 guidelines, with the following requirements that are specific to THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY:
• A structured abstract (original research papers, 250 words maximum) briefly states the purpose of the research, the principal results, and major conclusions. It is organized under the following headings: Background, Objective, Methods, Results, Limitations, Conclusions, Funding/Sponsorship.
• An unstructured abstract for How We Do It and state-of-the-art and review papers (250 words maximum, including Disclosure information) briefly summarizes the review.

An abstract is often presented separately from the article; thus it must be able to stand alone, so references in the abstract should be avoided. If a reference is essential, then the reference should be given in full. Likewise, all abbreviations must be defined at first mention in the abstract, even if they are also defined in the article’s main body.

Keywords. Immediately after the abstract, provide a maximum of 6 keywords. These keywords will be used for indexing purposes. See AMA 2.6 for guidance. In addition:
• Use American spelling.
• Separate the keywords with commas.
• Avoid general and plural terms.
• Avoid multiple concepts (eg, “and” and “of”).
• Only abbreviations firmly established in the field may be eligible.

Main Body of Running Text
There is no subhead for the introduction to the paper. The introduction should be 2-3 paragraphs long. It should state the objectives of the work and provide an adequate background and context for the article. It should not include a detailed literature survey or a summary of the results.

Methods. This section should be presented under the subheading “Methods” and should describe study design; the topic that is being studied; details about the participants; inclusion and exclusion criteria; interventions; outcome measures and observations; and a statistical analysis. It should provide sufficient detail to allow the work to be reproduced. Methods that have already been published should be indicated by a reference; only relevant modifications should be described. See AMA 2.8 for guidance.

Results. This section should be presented under the subheading “Results” and should present the data and evidence to back the findings. Their presentation should be written clearly, concisely, and there should be specific to the research hypothesis. Referring the readers to tables and/or figures alone is not an acceptable substitute for the presentation of data as outline in the preceding sentences. See AMA 2.8 for guidance.

Discussion. This section should be presented under the subheading “Discussion” explore the significance of the results of the work; do not repeat the results. Avoid extensive citations and discussion of published literature. Instead, address the research hypothesis, and compare your findings with those of similar studies. Also, discuss generalizability of results, study limitations, unexpected findings (and possible explanations for them), and suggested future studies. New results not already mentioned in the Results cannot be introduced in the Discussion section. The final sentence or two of the discussion section should be reserved for your conclusions.

Acknowledgments
Please refer to AMA 2.10 for guidance. Collate acknowledgments on the title page, with the author(s) and corresponding author’s information so that the information is not included in the version of the manuscript that is sent out for blind review. List here those individuals who provided help during the research (eg, writing, or editorial or statistical assistance). After the manuscript has been accepted for publication, the editor will place the Acknowledgments information in a separate section at the end of the paper before the references.
References
Please consult AMA chapter 3 for a comprehensive guide to reference styles, including samples. Manuscripts that do not follow AMA guidelines or the exceptions to AMA guidelines listed below will be returned to the author(s) for revision on an acceptance-pending basis.

In the running text, please note the following:

- **THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY** does not ordinarily use parenthetical references in running text (as described in AMA 3.3).
- Reference citations in the running text (“callouts”) should be denoted by superscript numbers in consecutive order (AMA 3.5, 3.6).
- Make sure that every callout in the running text corresponds with, in consecutive order, a reference in the reference list (and vice versa).
- **Superscript citation numbers are always placed after punctuation marks:** “… according to study findings”¹⁴-⁷,¹⁰ (This differs slightly from AMA 3.6.)

In the reference list, please format author names according to AMA 3.7 and 3.8:

- 1 author: Lastname AB.
- 2 authors: Lastname AB, Lastname CD Jr.
- 3 authors: Lastname AB, Lastname CD Jr, Lastname EF.
- 4 authors: Lastname AB, Lastname CD Jr, Lastname EF, Lastname GH.
- 5 authors: Lastname AB, Lastname CD Jr, Lastname EF, Lastname GH, Lastname IJ III.
- 6 authors: Lastname AB, Lastname CD Jr, Lastname EF, Lastname GH, Lastname IJ III, Lastname K.
- **More than 6 authors:** Lastname AB, Lastname CD Jr, Lastname EF, et al.

In the reference list, please format other citation information as follows:

- **Journal names:** These are abbreviated according to AMA 14.10, which is identical to the style used by the National Library of Medicine’s PubMed system (http://www.ncbi.nlm.nih.gov/pubmed/citmatch).
  
  **Exception:** This journal does not italicize the abbreviated journal name and does not have a period after the abbreviated journal names.

- **Abstract references:** These must be given in full, as the abstract may be published separately.

- Sample citations for **print journals:** See AMA 3.11 for guidelines on order of information.

  **Exceptions:** Do not italicize the abbreviated journal name. Do not use title case for the article title.

  **Example**

- Sample citations for **print books:** See AMA 3.12. *(See exceptions above)*
- Sample citations for **special print materials** and **unpublished material:** See AMA 3.13.
- Sample citations for **media other than print:** See AMA 3.14.
- Sample citations for **electronic references:** See AMA 3.15.
- Sample citations for **legal references:** See AMA 3.15.
Appendices
THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY generally does not publish appendices.

Figures, Tables, and Electronic Artwork
These features should supplement—not reiterate—data and article content. They should provide the reader with easy, at-a-glance access to accurate, succinctly presented data or information.

All visual elements should be numbered according to their order of reference in the text. The text citation should be (Table 3) or (Figure 2).

Tables. Tables present data and information that support—but do not reiterate—statements in the running text. Accuracy, clarity, and logical data presentation are of paramount importance in tables. Follow AMA 4.1 for guidance and samples. Specific requirements for THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY include the following:

- **Software:** Create tables using Microsoft Word.
- **Lettering and sizing:** Use uniform lettering in Calibri. Use uniform 9-point typesize (to a maximum width of 130 characters).
- **Table title:** Unlike a figure legend, the table title is placed above—not within—the table. The title should be written in headline style and as a brief and descriptive phrase, rather than as a sentence. See 4.1.3 for guidance.
- **Footnotes:** Place table footnotes below the table body, and indicate them with superscript lowercase letters that correspond to the citation in the table body as follows:
  - a Phase II studies reported treatment-related adverse events; the phase III study reported treatment-emergent adverse events.
  - b A comparative effectiveness trial of axitinib and sorafenib.
- **Submission placement:** Tables can be placed at the end of the manuscript document, after the References section.

Figures. Graphs, maps, illustrations, algorithms, computer-generated images, and photographs are all designated as figures. In general, follow the guidelines and samples in AMA 4.2.

Specific requirements for THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY include the following:

- **Image specifications:** Figures must be good quality, high-resolution (no less than 350 dpi) files, and must be produced as close as possible to the desired size of the printed version. Canvas size of the image should be no less than 5 cm wide. Images with resolutions that are too low, or graphics that are disproportionately large, will not be used.

  **CLINICAL IMAGES SHOULD NOT BE SUBMITTED AS WORD FILES, THEY MUST BE ORIGINAL, GOOD QUALITY, HIGH-RESOLUTION EPS, GIF, JPG, OR TIF FILES (NO LESS THAN 350 DPI). FAILURE TO SUBMIT GOOD QUALITY FILES COULD DELAY PUBLICATION OF PAPER.**

- **Figure legends:** Unlike a table title, the figure legend looks like a caption that appears below—not within—the figure. It is written in full sentences (not phrases) of no more than 40 words to describe or explain the figure. It includes all symbols, abbreviations, and error bars. See AMA 4.2.7 and the many examples used in AMA 4.2 for guidance.
- **Submission of images:** Submit each figure (each chart, each photo, each graph, and so on) as a separate digital file (EPS, GIF, JPG, or TIF), labeled according to one of the following samples:
  - **Authorlastname_Figure 1.eps**
  - **Authorlastname_Figure 3.gif**
  - **Authorlastname_Figure 2.jpg**
  - **Authorlastname_Figure 5.tif**

Note: We cannot accept images that are optimized for screen use (eg, in BMP, PICT, or WPG) because their resolution will be too low.
• **Submission of figure legends:** Submit figure legends in a separate Word document headed “Figures Legends for Authorlastname” and label each legend as follows: Authorlastname_Figure 1 legend.doc

• **Permissions:** Authors are responsible for obtaining written permission to reproduce figures from other publications.

• **Image manipulation.** Clinical images must be meticulously de-identified. Make sure that information such as patients’ images, names, initials, or hospital numbers are not be included in photographs or clinical images, unless the information is essential for scientific purposes and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, guardian or next of kin where applicable). Images must not be manipulated so that they misrepresent the study outcomes or results.

**Abbreviations**
Define abbreviations that are not standard on the first page of the paper. Ensure consistency of abbreviations throughout the paper. In the abstract, unavoidable abbreviations must be defined at their first mention as well.

**Units**
Follow internationally accepted rules and conventions, and use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

**Footnotes**
THE JOURNAL OF COMMUNITY AND SUPPORTIVE ONCOLOGY does not use footnotes. Please incorporate any explanatory material into the text.

**Video Data**
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